

PART B - FEE(S) TRANSMITTAL

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7590

07/07/2004

Jonathan P. Osha
Rosenthal & Osha L.L.P.
1 Houston Center, Suite 2800
1221 McKinney Avenue
Houston, TX 77010

09/10/2004 WASFAW2 00000012 10681786

01 FC:1501
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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/681,786	10/08/2003	Hiroaki Kukita	07700/011002	6700

TITLE OF INVENTION: CONTACT FOR PGA AND PGA SOCKET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLAS S
PAUMEN, GARY F	2833	439-862000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 OSHA & MAY L.L.P.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

J.S.T. Mfg. Co., Ltd.

Osaka, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☐ A check in the amount of the fee(s) is enclosed.☒ Publication Fee (No small entity discount permitted)☒ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 4☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50 0591 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2004</h3> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																																																																																	
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Osha</td><td style="width: 20%; padding: 2px;">Registration No. (Attorney/Agent) 33,986</td><td style="width: 20%; padding: 2px;">Telephone (713) 228-8600</td><td style="width: 20%; padding: 2px;"></td></tr><tr><td style="padding: 2px;">Signature </td><td style="padding: 2px;"></td><td style="padding: 2px;">Date September 8, 2004</td><td style="padding: 2px;"></td></tr></tbody></table></td></tr></tbody></table>				METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		<div style="margin-bottom: 5px;"><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Deposit Account: Deposit Account Number: 50-0591 Deposit Account Name: Osha & May L.L.P.</div> <div style="margin-bottom: 5px;">The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>		<h4>3. 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Name (Print/Type) Jonathan R. Osha	Registration No. (Attorney/Agent) 33,986	Telephone (713) 228-8600																																																																																																																																																																																																																																																																																																																	
Signature		Date September 8, 2004																																																																																																																																																																																																																																																																																																																	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV523184513US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 8, 2004

Signature: (Brenda C. McFadden)